



WATER WELL REPORT FOR AN EXISTING WELL

RECEIVED
DEC 05 2013
DEPT OF ECOLOGY
NWRO - WR

INSTRUCTIONS:

Use this form if an original water well report was NEVER filed or is MISSING from Ecology records.

Your well must be properly tagged prior to submitting this form. Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

CURRENT USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input type="checkbox"/> Other		Unique Ecology Well ID Tag No. <u>BCB791</u>																	
DIMENSIONS: Diameter of well <u>6</u> inches. Depth of completed well <u>111</u> ft. if known.		Water Right? If yes, attach copy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
CONSTRUCTION DETAILS Liner Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown TYPE: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Property Owner Name <u>Brad Thompson</u> Well Street Address <u>1953 Newman Road</u> City <u>Freeland</u> County <u>Island</u> Tax Parcel No. <u>R22911-235-4330</u>																	
Perforations <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown SIZE of perfs <u> </u> in. by <u> </u> in. and no. of perfs <u> </u> from <u> </u> ft to <u> </u> ft.		LOCATION An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office.																	
Screens: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown MP's name <u> </u> TYPE: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other Diam. <u> </u> Slot Size <u> </u> from <u> </u> ft. to <u> </u> ft.		Sec <u>11</u> Twp <u>29N</u> R <u>2E</u> EWM Circle one WWM																	
Gravel/Filter Packed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Materials paced from <u> </u> ft. to <u> </u> ft.		<table border="1" style="width: 100%; text-align: center;"> <tr><td>D</td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td>F</td><td>G</td><td>H</td></tr> <tr><td>M</td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr> </table>		D	C	B	A	E	F	G	H	M	L	K	J	N	P	Q	R
D	C	B	A																
E	F	G	H																
M	L	K	J																
N	P	Q	R																
Surface Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If know, to what depth <u> </u> ft Materials used if known: <u> </u> <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Cement <u>slab</u>		This square represents one section of land, which is approx. 640 acres. Within this section, circle the letter that best represents the location of the well within this section.																	
PUMP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mfr's Name <u> </u> Type: <u>Submersible</u> H.P. <u> </u>		Latitude/Longitude Note: Section, Township, Range still REQUIRED Lat Deg <u> </u> Lat Min/Sec <u> </u> Long Deg <u> </u> Long Min/Sec <u> </u> <input type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Computer Generated																	
WATER LEVELS: Land-surface elevation above mean sea level <u>85</u> ft. Static Level <u>82.5</u> ft. below top of casing Date measured <u>11-1-11</u> Artesian pressure <u> </u> lbs. per square inch Date measured <u> </u> Well head has cap? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No		Additional Information, if available: <input type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																	
WELL TESTS: Drawdown is amount water level is lowered below static level. Was a pump test made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <u> </u> Yield: <u>12</u> gal./min. with <u>1.5</u> ft. drawdown after <u>1</u> hrs.																			

CERTIFICATION: The information reported above is true to the best of my knowledge and belief.

☐ Driller ☐ Engineer ☐ Property Owner ☐ Other

Name Vin Sherman

Signature Vin Sherman

Driller License No.

Date Signed 21 November 2013

Drilling Company Island County Health

Address of person completing this form:

PO Box 5000

City, State, Zip Coupeville, WA 98239